

1878

ARIZONA STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

189

(This return should preferably be made
by the person who made the original)

SUPPLEMENTARY REPORT OF BIRTH

County Registrar's No.*

Place of Birth Miami
(Registration District)County Gila

No.

St.

SEX OF CHILD*	Twin Triplet or other?	}	and	}	Number in order of birth
Male					

DATE OF BIRTH*	<u>August 27, 1923</u>		
	(Month)	(Day)	(Year)

FULL NAME	FATHER
	<u>Antonio Jimenez</u>

FULL* MAIDEN NAME	MOTHER
	<u>Josefa Gonzales</u>

I HEREBY CERTIFY that the child described herein
has been namedFrancisco Jimenez

(Give name in full)

(Surname)

Information taken from letter
(Parent's Signature)

(Signature of Physician or Midwife)

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*These items to be entered by the local registrar before giving out this form.

Blank supplemental reports of birth may be obtained from the local registrar.
M 5/20/41

619-827-172